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Lynn Cota, Superintendent

**Senate Committee on Health and Welfare Testimony (S.197)**  
**Lynn Cota, Superintendent**  
**Franklin Northeast Supervisory Union**

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I appreciate having the opportunity to testify before the Senate Committee on Health and Welfare regarding the mental health crisis in Vermont schools.

Prior to the pandemic, we saw an increasing need for mental health services in our public schools in order to meet the growing demand of the students we serve. Throughout the pandemic, we have seen a substantial increase in the number of students in need of mental health services. Although the number of students has grown, of even greater concern is **the magnitude and complexity of the mental health needs and resulting behavioral manifestations of those needs that are overwhelming the capacity and expertise of school level resources in Vermont school systems.**

In reflecting on the challenges we face in Franklin Northeast, and in talking with my colleagues across the Champlain Valley and Vermont, there are patterns that have emerged in our schools. Schools are seeing increased incidents of violent outbursts and vandalism, sexualized behaviors pk-12, more significant disruption, defiance, eloping/running away, and increased threats of harm to self or others. The complexity of these behaviors is putting tremendous pressure on the capacity of our public school systems.

In a time when our students need more intensive services and more therapeutic interventions than ever, the resources available to support these children and their families are inadequate to meet the demand. **Schools are serving children within the general education system who are exhibiting behaviors and mental health challenges that far exceed anything we would've previously considered manageable within the context of the least restrictive general education environment.** The high demand for mental health services for children and families, intensive family based services, and in-school contracted mental health supports have resulted in extremely long waitlists. The local mental health designated agencies are not only contending with a tidal wave of need and demand for services, but they are also contending with a workforce shortage at the worst possible time.

When school teams begin to exceed their school-level capacity and expertise they begin to look outside of the public school for help. Teams are met with the challenge of long waitlists for every intensive therapeutic program available to students. Many of these programs now require 1:1 services for these youth, and at times entry teams have indicated the magnitude of need for a particular child is beyond their capacity to support. When students are in crisis and have the highest level of need that requires residential mental health treatment, they are at times admitted to Emergency Rooms where they can sometimes wait for days for a placement to open up. One such

example resulted in an eleven day stay in the emergency room for an eleven year old, while waiting for a bed to open at the Brattleboro Retreat. So, **when no more intensive services are available, students are sent back to schools and teams are left to develop programming to meet these intensive needs without the expertise and resources to do so.**

Additionally, the Department of Children and Families have seen increased reporting of child abuse and neglect, while contending with a workforce shortage that at one time was described as at 51% capacity in one local office. Throughout the early stages of the pandemic, students spent more time at home, away from the in-person care of educators, and DCF had only limited capacity to work with families in homes because of pandemic challenges and restrictions. The reality for some students is they experienced more trauma due to deteriorating adult mental health and the effects of substance use and domestic violence, which directly impacts child safety and wellness in their homes.

What Maslow's Hierarchy of Need has taught us is that students are much less likely to excel academically if their basic human needs are not met. Vermont is on the right track with some of the state level priorities designed to create more equitable access to basic needs for Vermont families; affordable housing, food insecurity, high quality childcare, broadband access, etc.

**The work that needs to be done now to improve outcomes for students is to allow Vermont schools to focus on the priorities in front of them without adding new initiatives, and focus on supporting the very systems that schools rely upon to support children and families in crisis; health, human services, local mental health designated agencies, and intensive therapeutic programs both residential and day treatment.**

I support S.197 and the development of a Coordinated Mental Health Crisis Response Working Group and also encourage Legislators to prioritize the following efforts to address the mental health crisis in Vermont schools:

- Provide financial resources to address the staffing shortages and the salary inequities that exist in the human services and mental health fields
- Continue to prioritize investments intended to address the basic human needs of Vermont children and families
- Provide increased and targeted funding support for mental health services to address the intensifying complexity of need for children and families
- Expand access to day and in-patient therapeutic programs for Vermont youth and families in crisis

I appreciate the opportunity to speak with you today. Thank you for your leadership and service to Vermonters.

Respectfully,



Lynn Cota

Superintendent